

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

Notice is hereby given that St. Mary Medical Center, Inc. whose principal address is 1500 South Lake Park Avenue, Hobart, Indiana intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. Said Lien shall attach to any cause of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

1. Patient Name and Address: STEVENS, TIMOTHY
2346 CASS ST. LAKE STATION, IN 46405
 2. Operator of Hospital: MILTON TRIANA (CEO)
 3. Date Of Admission: 2/17/98 Date of Discharge: 2/21/98

98025030

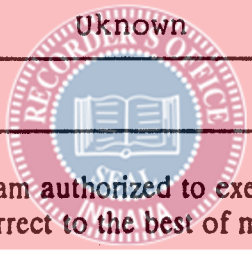
4. Amount Due For Hospital Charges: \$4,112.00

5. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission:

Name	Address
ILLINOIS FOUNDERS INSURANCE CO	
P.O. BOX 5100	
DES PLAINES, IL 60017-5100	
Claim # 0198001196	

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
90 APR - 9 11 51 AM '98
REC'D

7. Name and Address of Patient's Attorney: Uknown



I affirm, under the penalties for perjury, that I am authorized to execute this Instrument, and that the foregoing statements and representations are true and correct to the best of my knowledge and belief.

St. Mary Medical Center, Inc.
 By: *Mary Allen*
INSURANCE BILLER
 Title

cc: Indiana Department Of Insurance
 311 West Washington Street, Suite 300
 Indianapolis, Indiana 46204-2787

This Instrument Prepared By
 The Law Offices of James E. Daugherty
 8550 Broadway
 Merrillville, Indiana 46410
 (219) 769-5500

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 Rev. 10/97

